

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017210

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 76

FILED MAY 14 1963

1. PLACE OF DEATH

a. COUNTY Ray

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Richmond T WSP

Length of stay in 1b  
1 Day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Ray County Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois b. COUNTY Jasper

c. CITY OR TOWN Newton

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
315 N. Goble

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
FRANK J. WHALEY

4. DATE OF DEATH  
Month Day Year  
May 6 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
June 6, 1889

9. AGE (last birthday)  
73

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Railroad Fireman

10b. KIND OF BUSINESS OR INDUSTRY  
Railroad

11. BIRTHPLACE (City and state or country)  
Newton Ill..

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

John Whaley

13b. MOTHER'S MAIDEN NAME

Sarah Fear

14. NAME OF HUSBAND OR WIFE

Mary Allen (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

6

17. INFORMANT

Address

Mrs. Fisher Lexington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular standstill

INTERVAL BETWEEN ONSET AND DEATH  
2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atrial fibrillation

DUE TO (c)

Arteriosclerotic heart disease unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-5-63 to 5-6-63 and last saw him alive on 5-5-63  
Death occurred at 1:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Describe or title)

M.D.

22b. ADDRESS  
Richmond, Mo.

22c. DATE SIGNED

5-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-6-63

23c. NAME OF CEMETERY OR CREMATORY

Newton, Illinois

23d. LOCATION (City, town, or county)

Newton, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Vaughn-Walker Lexington, Mo.

25. DATE RECD. BY LOCAL REG.

6-7-1963

26. REGISTRAR'S SIGNATURE

Mabel Jackson

MAY 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Paul H. Wilson

Licensed Embalmer No. 5192

P. O. Address Jexington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

no permit obtained